IPDR6702				NORTH CAROLINA		PAGE	: 1	
RUN DATE	: 07/17/2005			S CHECKWRITE SUMMARY REPORT				
			C	HECKWRITE DATE: 07/19/2005 FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS FINALIZED	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	1	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8800	1	FURTHER PROCESSING NECESSARY,	0	2	56	5
				PLEASE CHECK FOR CLAIM ON		_		
				FUTURE RA'S.				
3404904		11	678	CLIENT NOT ELIGIBLE ON SERVICE				
3404304	WESTERN HIGHLAN DS LME		0.0	DATE				
	DO INI							
		8599	208	DETAIL NOT COVERED BY COMBINAT	28	1046	13990	1294
			_	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	38	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
						 		-
3404910	PATHWAYS	8599	71	DETAIL NOT COVERED BY COMBINAT	-			
				ION OF RECIPIENT, PROVIDER AND		1		
				BENEFIT PACKAGE.				
		0621	41	CO DECIDENTIAL LEVEL TIT MARKET				
		8621	41	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED	1	172	6244	434
				FOR ADDITIONAL SERVICE.				
		21	27	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAWBA COUNTYM	8599	40	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	0	AMTNC INELIGIBLE TO RECEIVE SE				
		9931	9	RVICES IN IPRS.	10	61	278	21
		5312	4	PRIOR AUTHORIZED DOLLARS EXCEE				
				DED				
			_					
3404913	MECKLENBURG COM	11	4648	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8933	204	ADTNC INELIGIBLE TO RECEIVE SE				
		0333	204	RVICES IN IPRS.	211	4963	6912	194
		8599	51	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		 		
3404916	CROSSROADS BEHA	11	75	CLIENT NOT ELIGIBLE ON SERVICE				
	VIORAL HEAL			DATE				
						1		1
		21	31	DUPLICATE OF CLAIM-SYSTEM		108	118	10
					0	108	118	11
		0500						L
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		1		1
				BENEFIT PACKAGE.		 		
						1		
3404917	CENTERPOINT HUM	8599	105	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACRAGE.		 		
		21	37	DUPLICATE OF CLAIM-SYSTEM	6	171	2581	241
						271	2301	2411
		11	22	CLARAGE MARK BY TOYAND CO.				L
		11	22	CLIENT NOT ELIGIBLE ON SERVICE DATE		 		-
			+			 		
				4		<u> </u>	1	-

			1	T		1	moma r	momar
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8599	25	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACAGE.				
		5308	12	PRIOR AUTHORIZED UNITS EXCEEDE	6	66	395	329
				D				
		5404	6	SEVERE DUPLICATE: SAME ATTD PR				
		2404	0	OV/PCODE/TOS/DOS/MOD				
3404920	ALAMANCE CASWEL	0	0	*** NO DATA TO REPORT ***				
	L AREA MH D							
		0	0		0	0	0	0
8404921	ORANGE PERSON C	8599	181	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	HATHAM AREA			BENEFIT PACKAGE.				
		5312	167	PRIOR AUTHORIZED DOLLARS EXCEE	47	815	6165	5349
				DED				
					1			
		5308	154	PRIOR AUTHORIZED UNITS EXCEEDE	<u> </u>			1
				D				
1404000		0500	405	DESCRIPTION OF COURSES BY CO.				
8404922	THE DURHAM CENT	8599	435	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ER			BENEFIT PACKAGE.	1		1	
		21	292	DUPLICATE OF CLAIM-SYSTEM	0	855	4760	3905
		191	54	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
		4.4	***					
8404923	5 COUNTY MH	11	403	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				D1114				
		8599	36	DETAIL NOT COVERED BY COMBINAT	0	471	1095	624
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	25	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
404925		11	7441	CLIENT NOT ELIGIBLE ON SERVICE				
1404323	SANDHILLS CENTE R FOR MH/DD		7441	DATE				
	K TOK MI/DD							
		8599	814	DETAIL NOT COVERED BY COMBINAT	51	8843	18915	10072
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1			-
								
		8952	272	CLAIM DENIED DUE TO AGE RESTRI				
-				CTIONS FOR TARGET POPULATION				
					1			
404926	SOUTHEASTEDN DT	23	5	SERVICE REQUIRES PRIOR APPROVA				-
	G MENTAL HL			L				
		<u> </u>						
		0025	2	ACTIVIC TARRA ACTIVITA DO DECENTRA DE				
		8935	٥	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	6	14	80	66
								-
			9	AMTNC INELIGIBLE TO RECEIVE SE				
		8931	7				1	1
		8931	J	RVICES IN IPRS.				
		8931	-	RVICES IN IPRS.				
404927	CUMBERLAND CO M	8599	102	RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT				
404927	CUMBERLAND CO M		102					
404927	CUMBERLAND CO M		102	DETAIL NOT COVERED BY COMBINAT				
3404927		8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE.				
3404927			102	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	20	251	3637	3386
3404927		8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE.	20	251	3637	3386
3404927		8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	20	251	3637	3386
3404927		8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE 60 RESIDENTIAL LEVEL II TREATM	20	251	3637	3386
8404927		8599	37	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	20	251	3637	3386

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	8931	84	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC			RVICES IN IPRS.				
		0500						
		8599	30	DETAIL NOT COVERED BY COMBINAT	122	164	2829	266
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0005	0.4					
		8935	24	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931		11	78	OTTENS NOR STROTTE ON ORBUTOR				
3404931	WAKE CO HUM SVC	11	70	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	BILLING OF			DATE				
		8599	62	DETAIL NOT COVERED BY COMBINAT				
		0233	02	ION OF RECIPIENT, PROVIDER AND	0	160	1391	123
				BENEFIT PACKAGE.				
		0.040	0	OTTEN DENTED MENTARM STRONGS (
	+	8649	۰	CLAIM DENIED MAXIMUM ALLOWED 2			1	
			ļ	6 OCCURRENCES HAVE PROCESSED				
			ļ	AND PAID, PA IS REQUIRED.				
2404022			0	Att No Dama no Danona ti				
3404932	RANDOLPH/SANDHI	U	U	*** NO DATA TO REPORT ***				
	LLS CO MH C					ļ		
								ļ
			0					
		U	U		0	0	0	
3404933	SOUTHEASTERN CT	8599	31	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	7	CLAIM DENIED, SUBMITTED BEYOND	2	42	70	2
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404934	ONSLOW CARTERET	8599	34	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	33	CLAIM DENIED ATTENDING PROVIDE	1	105	613	50
				R CANNOT BE THE SAME AS				
				THE LMA				
		8621	11	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	
3404936	WILSON-GREENE M	8931	5	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		8599	3	DETAIL NOT COVERED BY COMBINAT	5	12	521	50
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	3	DUPLICATE OF CLAIM-SYSTEM				
		1						
3404937	EDGECOMBE NASH	21	141	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C	1						
	+	+						
		8599	106	DETAIL NOT COVERED BY COMBINAT	1	257	3873	361
	+	+		ION OF RECIPIENT, PROVIDER AND	1	257	38/3	361
		1	1	BENEFIT PACKAGE.				-
	+	+	 			 		-
	+	5404	4	SEVERE DUPLICATE: SAME ATTD PR		 		-
	+	1	 	OV/PCODE/TOS/DOS/MOD		 		-
				,				-
	+	+	 			 		-
	1	1	1		1	l	l	L

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939		21	157	DUPLICATE OF CLAIM-SYSTEM				
3404939	NEUSE MENTAL HE	21	137	DUPLICATE OF CLAIM-SISTEM				
	ALTH CENTER							
		8599	103	DETAIL NOT COVERED BY COMBINAT		264	1109	84
				ION OF RECIPIENT, PROVIDER AND	U	204	1109	04
				BENEFIT PACKAGE.				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404941	PITT CO MH/DD/S	21	2077	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER							
		8599	1707	DETAIL NOT COVERED BY COMBINAT	72	4388	9305	491
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	117	CLIPME ID MIMBER DORS MOT MATC				
		131	117	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
	+	+						-
	+	-						
3404942	ROANOKE CHOWANH	8599	20	DETAIL NOT COVERED BY COMBINAT		1		-
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
	COLUMN DESIGNATION			BENEFIT PACKAGE.				
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE	12	40	1318	127
				RVICES IN IPRS.				
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA	21	64	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
		5404	41	SEVERE DUPLICATE: SAME ATTD PR				
		2404	47	OV/PCODE/TOS/DOS/MOD	38	179	1195	101
				0V/FCODE/103/B03/NOD				
		8931	21	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404944	EASTPOINTE HUMA	11	13	CLIENT NOT ELIGIBLE ON SERVICE				
	N SERVICES			DATE				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE	9	25	2934	290
				RVICES IN IPRS.				
	1	8932	4	CMTNC INELIGIBLE TO RECEIVE SE				
	+	1		RVICES IN IPRS.		1	1	
	1							ļ
3404946	DOOMUTTED TOTAL	11	859	CLIENT NOT ELIGIBLE ON SERVICE				-
	FOOTHILLS AREAM ENTAL HEALT	F-		DATE				-
	ENIAL HEALT							
	+	1						
		21	166	DUPLICATE OF CLAIM-SYSTEM	^	1154	1276	12
					U	1134	12/0	12
		8518	86	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404957	TIDELAND MENTAL	8935	60	ASTNC INELIGIBLE TO RECEIVE SE				
	HEALTH CTR			RVICES IN IPRS.				
		0500	20					
		8599	30	DETAIL NOT COVERED BY COMBINAT	67	135	2053	191
		1		ION OF RECIPIENT, PROVIDER AND		<u> </u>		
		1	1	BENEFIT PACKAGE.				ļ
		0.000	1.4	CO DECEMBER LINES IN MINISTER				
		8622	14	60 RESIDENTIAL LEVEL II TREATM				
		8622	1.4	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	11	3499	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		8931	84	AMTNC INELIGIBLE TO RECEIVE SE	95	3721	7950	4229
				RVICES IN IPRS.				
		8599	69	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				